14031201947

FEC FORM

STATEMENT OF ORGANIZATION

RECEIVED 7

2014 HAR 31 AM 9: 57

FORM 1		ORGANIZATION			IC C DA IC ARMEN
					FORGUMANL CENTER
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Friends of	Jim O	'Donnell			
سسنسا					
ADDRESS (number a	nd street)	671 Seneca S	Street	 	
(Check if a is changed)		Buffalo		NY	14210 - 2448
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA	IL ADDRES	SS (Please provide only one o	e-mail address)		
		info@votejim	odonnell,com		
(Check if address is changed)					
COMMITTEE'S WEB	PAGE ADI	ORESS (URL)			•
	address	ıvotejimodonn	iell.com , , ,		1
(Check if is change				<u>. </u>	
2. DATE Ö2	2 27	" ′ 2014 ′			
3. FEC IDENTIFIC	CATION NU	IMBER C to	be assigned		
4. IS THIS STATE	MENT 🗵	NEW (N) OR	AMENDED (A	A)	
I certify that I have o	xamined th	is Statement and to the bes	st of my knowledge and be	lief it is true, correct	and complete.
Type or Print Name	of Treasurer	Christopher	Collesano		
		11/1.			
Signature of Treasure	∍r <i>←</i>	the Color		Date 02	" ′ 27° ′ 20′14 `
NOTE: Submission of		ous, or incomplete information			the penalties of 2 U.S.C. §437g.
Office Use Only			For further informat Federal Election Corr Toll Free 800-424-95: Local 202-694-1100	nmission	FEC FORM 1 (Revised 02/2009)